

LANGPORT RURAL DISTRICT COUNCIL

ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

For the Year Ended 31st December, 1963



Health Department,
16, Church Street,
Crewkerne,
Somerset.

Telephone No.Crewkerne 419

11111111 (31) (7) 4444 11111111

(1999-2000)

10

11111111 11111111 11111111

11111111 11111111 11111111



11111111 11111111 11111111

11111111 11111111 11111111
11111111 11111111 11111111
11111111 11111111 11111111

PUBLIC HEALTH OFFICERS

Medical Officer of Health

A.M. McCALL

V.R.D., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health

D.V. Hague

M.B., B.Ch., D.P.H.

Public Health Inspectors

H.F. Binder, M.R.S.H., M.A.P.H.I.

R.H.Badge, M.A.P.H.I.

G. Pell-Walpole, M.A.P.H.I.

Clerk to Medical Officer

Miss Y. Michael, B.A.

Health Visitor

Mrs. O.J.M. Pitt, S.R.N., S.C.M., H.V.

Public Health Committee

C.E.Ball
A.J.Bond
A.J.Dean
Mrs.E.M. Dixon.
Maj.Gen.C.St.Q. Fullbrook-Leggatt
W.H.Furze
W.F.T. Hector
C.T. Hill
R.H. Jotcham
P.H. Lock
G. MacTaggart (Vice-Chairman)
A.O.Mounter
A. Norris
Mrs. D.A. Pegg
J.Russell Thorlby C.B.E.(Chairman)
Mrs. A.M. Ubsdell
R.L. Webb

Housing Committee

S.J. Adams
H. Baker
C.E.Ball (Chairman)
A. J. Bond
Mrs. H.R.E. Bulleid
Col. J.C. Cotton
Mrs. E.M.Dixon
W.H. Furze
W.F.T.Hector
Rev. W.E.L. Houlden
A.O.Mounter
Comdr.E. Neville (Vice-Chairman)
A.Norris
W.A. Osborne
Mrs. A.M. Ubsdell
R.L. Webb

To the Chairman and Councillors of the Langport Rural
District Council.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my report for 1963.
There was a sharp outbreak of measles during the early
summer but otherwise there was little infectious illness.

The water undertaking was handed over to the Wessex
Water Board on 1st October. I have given a short history
of the water undertaking and am most grateful to Mr.W.H.
Lovesay of the Wessex Water Board for providing me with the
details.

In January Dr. D.V. Hague, now in general practice
and at one time a Medical Officer of Health, was appointed
Deputy Medical Officer of Health to cover the town during my
absences and I was pleased and grateful when he accepted the
appointment.

I am, Mr. Chairman and Councillors,
Your obedient Servant,

A.M. McCALL

Medical Officer of Health.

THE UNIVERSITY OF CHICAGO PRESS

THE UNIVERSITY OF CHICAGO PRESS
CHICAGO, ILL.

THE UNIVERSITY OF CHICAGO PRESS
CHICAGO, ILL.

THE UNIVERSITY OF CHICAGO PRESS
CHICAGO, ILL.

THE UNIVERSITY OF CHICAGO PRESS
CHICAGO, ILL.

THE UNIVERSITY OF CHICAGO PRESS

THE UNIVERSITY OF CHICAGO PRESS

SECTION A

Statistics and Social Conditions of the Area

Population The Registrar General estimates the mid-year population for 1963 as 13,340, slightly less than the previous year. The population density is 0.23 per acre.

Birth Rate The corrected Birth Rate for the year was 18.02 per thousand live births, which approximates to the national figure for England and Wales of 18.2 which, incidentally, is the highest since 1947. There were thirteen illegitimate births which is 6.1% of live births.

Death Rate The corrected Death Rate for 1963 was 10.15, which is below the national figure of 12.2. Heart disease caused 58 deaths, vascular lesions of the nervous system caused 25 deaths. Cancer caused 32 deaths, six of which were due to lung cancer, all in males. There were ten deaths due to other lung conditions.

Maternal Mortality. There were no maternal deaths during the year.

Stillbirths There were six stillbirths registered during 1963.

Infant Mortality One infant died within a few hours of birth, due to prematurity.

Social Conditions The conditions in which the residents live is satisfactory and unemployment was at a low level.

SECTION B

General Provision of Health Services in the Area

Care of Mothers and Young Children

Midwifery One hundred years ago death in childbed occurred in about seven per thousand deliveries. The main causes of death were, sepsis about 60%, haemorrhage 25% and other causes, including exhaustion, about 15%. Delivery at home was much safer than delivery in hospital and this situation continued on into this century despite the wide-spread acceptance of Lister's views on sepsis. Only in recent years have figures shown that the hospital maternity department is to be preferred to home delivery. It is the present policy of the National Health Service to increase the number of available beds in maternity departments.

Domiciliary midwifery is in the care of general practitioners and midwives. Regular supervision throughout pregnancy have reduced the maternal mortality to a very low figure. As has already been stated, there were no maternal deaths this year.

Mothers admitted to a maternity unit are sent to Butleigh, Taunton and Yeovil. The Taunton unit deals with all infants with blood incompatibility. When necessary exchange transfusions are carried out on the infant immediately after birth. The unit also maintains a Flying Squad, a team of highly trained staff who will go out to patients' houses to give expert help in case of need.

Infant Welfare Clinic A clinic is held once a month at Curry Rivel and the doctor attends on all occasions. The attendance figures continue to be satisfactory. A full immunological programme is provided in addition to the usual consultations with the mothers and health visitors. Details are shown in Appendix B, Table 1.

Adoption There are a large number of childless couples who long for a child of their own and the number of applications to adopt a child far outnumber the children available. Almost all adopted children are illegitimate. In a society in which most children's parents are married it is a handicap, legal, social and emotional, to be illegitimate. An unmarried mother who is not living with the

child's father, and with no prospect of doing so, is, as a parent, at a great disadvantage compared with married women. In addition, illegitimacy introduces a considerable hazard for life and health: at all ages in early childhood mortality figures are worse for illegitimate children.

Adoption law stipulates that a child must have been continuously in the care of adoptive parents for at least three months from the time it is six weeks old, before it is possible for a court to make the adoption final. This means that a legal adoption cannot be completed until a child is four and a half months old. The intentions behind this rule are:

- (a) To make it possible for the natural parents and especially the mother to revoke the decision to part from the child before the Court Order is made
- (b) To allow time for enquiry to be made by the Court as to the circumstances of the adopters.
- (c) To allow an examination of the child to be made at a time when it ought to be possible to diagnose any grave developmental defect and to give the adopters the opportunity of rejecting him on this account

The Adoption Act of 1958 encouraged local Health Authorities to appoint their own adoption committees and officers. The County Council Adoption Committee dealt with all babies offered to them, and the majority found new parents. However, there are a great number of private adoption societies who operate in the country. These societies are autonomous with variable rules and resources. There is a need to provide a first class adoption service on a national basis. It could well be administered locally, but be uniform throughout the country.

Home Nursing The district nurses carry out all domiciliary nursing and this takes up a considerable portion of their time. They are mainly concerned with the aged, and, of course, are available for the acutely sick.

Health Visiting Our district nurses are also trained health visitors and this routine visiting is an important part of their duties. It is obvious that to be effective a health visitor must visit and during her visits she not only gives advice but does a great deal of health education.

The Tuberculosis health visiting is carried out by Mrs. Pitt who follows up cases seen by the consultant physician. She also accompanies me when I carry out the B.C.G. vaccinations at schools and does all the follow-up work in connection with it, arranging X-Rays when necessary and reporting to me on the results.

Immunisation Immunisations are carried out at the clinic and by private practitioners in their surgeries. Protection against diphtheria, whooping cough and tetanus with a single vaccine is now standard practice. Only oral poliomyelitis vaccine is now used. Details of all immunisations can be found in Appendix B, Table 2.

Vaccination Vaccination against smallpox continued as a routine and is usually carried out within the first two years of life. Details of this are also shown in Appendix B, Table 2.

Home Help Service The County Council is responsible for the Home Help Service and it is available on request in the area. All cases are first investigated and the need assessed and then arrangements are made for the appropriate help to be given. This is an expanding service on which the County Council spend more each year.

School Medical Service I visited all the County Schools in the town during 1963 and details of these inspections can be found in Appendix B, Table 3.

During the school medical examination particular attention is paid to the special senses. Apart from testing the vision, care is taken to see if there is any abnormality. Squinting in children presents an important challenge because, if not corrected early, it may result in serious loss of vision as well as producing psychological problems. When squint occurs each eye sees a different image and double vision results. To prevent this occurring a reflex develops involuntarily whereby the brain suppresses the image of one eye. If suppression becomes longstanding, loss of vision develops in the squinting eye. After the child reaches the age of six chances of correcting this loss decrease. It is therefore of primary importance to detect a squint at the earliest possible moment. Many are dealt with by general

practitioners or the infant welfare clinic before the child arrives at school. However, some are first seen at school. Because squint may be secondary to other ocular diseases these children are always referred to an ophthalmic specialist. When he is satisfied that the cause is muscle imbalance then he passes the case to an orthoptist for exercises. Sometimes an operation is necessary. This work is carried out at Taunton.

Special attention is paid to hearing. Children do not grow out of deafness, but they certainly will grow into dumbness if their hearing disability is not recognised and treated during early life. The ideal time to do this is the first two or three years of life. Some with some loss of hearing are first detected at school, often by the teacher. The County have trained teachers who, on request, examine these children with a special apparatus. Any loss is then reported to me as School Medical Officer and the appropriate investigation and treatment is then started.

Speech defects are frequently found at the first examination and when necessary are referred for speech therapy.

School Dental Service In Appendix B, Table 3 I give the dates of the last dental inspections in our schools which I inspect. The dental state of the remaining schools in the Rural District is unknown to me. A request for the information to the County Council was not acceded to. It will be seen that up to December no dental inspection had been carried out in Curry Mallet for eight years.

Orthopaedic Services Children referred to orthopaedic clinics are seen at Yeovil and Taunton Hospitals and copies of the reports are sent to the school doctor. At the school medical inspection he is then able to check on the child's progress and whether the instructions are being carried out. Frequently children given exercises to do daily, do them for the first day or so and then conveniently forget until just before their next clinic appointment. I try to point out to them at the school medical inspection the importance of their co-operation.

Ophthalmic Services The County Council have now arranged for the health visitors to carry out an annual eye test on all schoolchildren, and any difficulties are immediately reported to County Hall and to myself. Usually the children with visual defects are already known, but occasionally some sudden deterioration is found and this will prove to be a very useful additional service. All cases referred to hospital are reported on by the County Oculists and these reports are available to me at the school medical inspection.

Epileptics As far as possible epileptic children on suppressant drugs attend ordinary schools. They are seen regularly by the Consultant Physicians at their clinics in Taunton and Yeovil and a copy of their reports is sent to me. Only very severe cases and those not reacting to treatment are considered for special schools and I am pleased to be able to say that we have no child from the Rural District at such an establishment at the present time.

Spastics The arrangements made for spastic children remain unchanged. They have proved to be quite adequate.

Blind Persons The Somerset Association for the Blind continued to carry out their good work. They were supported by a grant from the County Council. At the moment there are 45 on the Blind Persons Register, and 5 partially sighted persons in the area.

Ambulance Service The general ambulance service is provided by the County Council. All vehicles are radio controlled and the administration worked smoothly throughout the year.

Mental Health Services The County Council are responsible for the administration of the new Regulations and the detailed work is undertaken by the Mental Health Sub-Committee. The emphasis is now

on the treatment of mental disorders as far as possible with the patient living in the community. With the aid of modern treatment this policy is having considerable success.

National Assistance Act I did not take any statutory action with regard to any old persons during the year, although informal action was necessary from time to time.

Care of the Aged The County Council as Health Authority, and the Rural District Council as Housing Authority continued to further the policy of keeping ageing people as long as possible in their own homes. Increasing infirmity often makes the family house, already too big or inconvenient, a considerable burden to the aged. Yet sentimental ties forces them to continue the struggle. The Provision of accommodation specially suited to their needs is one answer and readily accepted by the majority. The Council have provided 51 units so far but there is an application list for another 56 at present.

Health Education The Council continued its endeavour to educate the public in all aspects of health. Use was made of posters on a variety of subjects.

SECTION C

Prevention and Control over Infectious Diseases and Other Diseases

There was a sharp outbreak of measles during the middle part of the year. In addition a few cases of scarlet fever and pneumonia were notified. Details are shown in Appendix C, Table 1.

The routine immunisation of children against diphtheria, whooping cough and tetanus with the triple vaccine continued: Trivax was the vaccine used. Oral poliomyelitis vaccine was the only type used and was found to be more acceptable.

Vaccination against smallpox also continued but the demand was naturally much less than in the previous year when there was a big demand following outbreaks in South Wales and in the Midlands.

A full B.C.G. programme for children in their fourteenth year was carried out in the schools in February and March. Publicity had been given to the advisability of vaccination against tuberculosis when the forms were being handed out and the response was satisfactory.

An outbreak of typhoid in Switzerland in the early months of the year led to a sudden big interest in T.A.B. injections and a number were given by general practitioners and a few by myself.

Environmental Health Services

A. Sanitary Circumstances

Climatic Conditions 1963 was a disappointing year with regard to the weather. The summer was mostly dull but in the early and late part of the year when water was badly needed there was a very poor rainfall. The total rainfall was 26.76 inches, a slight increase on the previous year.

Water Supply The water supply was generally satisfactory. One unsatisfactory bacteriological sample was obtained but immediate action was taken and a subsequent sample indicated that all was well. Due to low pressures and inadequate pipe sizes shortages were experienced in the western parishes at times. This will be rectified when the scheme providing for six miles of 8" pipe is completed. The Council considered the question of the fluoridation of water supplies and agreed to this procedure to a standard laid down by the Ministry. This information was forwarded to the County Council.

On 1st October the water undertaking was handed over to the Wessex Water Board. It was not a popular move in the district. The Council had, by 1955, constructed an excellent distribution system. Every parish in the Langport area had a wholesome supply of water, an achievement of which the Council were justly proud. They viewed with gloom the inevitable rise in the cost of water when under new management.

Until 1896 wells were the source of supply throughout the rural district. In that year, following a recommendation of the then Medical Officer of Health, Dr. John Morgan, work commenced at Lytes Cary on a joint scheme with Somerton and Ilchester. A reservoir was constructed on Kingsdon Hill and a pumping station installed. In 1898 the scheme came into operation. About the same time work was commenced at Barrington to harness a source of supply on a hillside there. Water was collected in a small reservoir and mains were laid to join Barrington and Westport. Water began to be distributed in this system towards the end of 1898. This system is still in operation today but Curry Rivel and Drayton have been connected with this supply.

Typhoid fever was a yearly occurrence in most villages. In 1899 the Medical Officer of Health was able to report that as a result of a piped water supply Somerton had only four cases of typhoid that year! Kingsbury Episcopi had a number of polluted wells, the subsoil water being near the surface, and typhoid was endemic.

Langport was reported as having a town pump and several good wells. Public pressure was such that in 1904 a bore hole was sunk at Compton Durville to supply Kingsbury and Lambrook. The next year the system was extended to supply Langport. It now supplies water to places as far away as Lydford. In 1905 a total of 17,000 gallons a day were produced from Compton Durville. It has now been ascertained that the total possible amount of water that could be drawn off daily would exceed a million. The works have, of course, been considerably modified since first constructed.

The Long Sutton supply was installed by the Duke of Devonshire about 1909 - 1911 to supply his farms and cottages. The Council bought this supply from him in 1920. The system has been extended to supply Knole and Bineham. This source was always a precarious one until in 1955 it was linked with the Compton Durville supply, the Long Sutton reservoir being linked to the Somerton trunk main.

It was a stroke of genius on the part of some long forgotten water engineer when he decided to sink his bore hole at Compton Durville and a generation of our residents have good reason to applaud his foresight.

Drainage and Sewage Disposal Work undertaken during the year mainly concerned connections to the Langport and Huish Episcopi sewers. The need to exclude surface water from the scheme has led to delays but it is hoped that more rapid progress will be made in the near future.

During the last year or so increasing trouble has been experienced with the Somerton works. It produced a good effluent until 2 - 3 years ago, but with the increasing intake the antiquated system has been unable to cope. The settlement tanks have a capacity of 12,700 gallons and are far too small. They used to be emptied about once every two years, now they are emptied every 6 - 8 weeks, but, due to the rate of flow through these small tanks, a considerable amount of sludge is washed through.

After passing through the settlement tanks the fluid goes to a system of gripes which should do the work of the filter beds in a more modern system. However, they have become filled with sludge. Again in theory they should fill and then the fluid should percolate over the land and gradually fill the gripe below. This method has never worked in recent years and the fluid has passed by small channels from gripe to gripe. Originally in summer the quantity of sewage was such that it was only sufficient to travel down half way across the field where it seeped into the soil. Now the flow is continuous and even the bottom ditch is black with polluting sludge.

The Committee gave careful consideration to the problem and decided to try and re-establish the works as originally designed to see if they could be made to function satisfactorily.

It is hoped that by the end of 1970 the parishes of Aller, Barrington, Kingsdon and Pitney will have been provided with sewerage disposal.

Public Cleansing and Refuse Disposal Refuse collection and disposal was carried out by direct labour with the aid of two vehicles. Delivery of a new and larger refuse collection vehicle was awaited at the end of the year and when this is in use all parishes will have at least a fortnightly collection. The use of mechanical equipment on the Council's tip has been a very great help, and now the tip is in very good order and a great credit to the man in charge.

Rodent Control One full time rodent operator is employed. Regular inspection is carried out throughout the district. Treatments to private dwellings are made free of charge. Business premises are treated at cost. A contract scheme is in operation for farm premises.

Swimming Baths There are two swimming baths in the district, at schools. There is no public bath. The Huish Episcopi Secondary Modern School/^{bath} is sampled by the County Council staff, while that at Kingsdon Manor Special School is sampled by Bristol City Analyst.

B. Factories Act

Details of inspections carried out by the Public Health Inspectors can be found in Appendix D, Table 2.

C. Housing

Private developers have been active during 1963 and completed 54 houses and another 53 were in the course of erection. The Council completed 22 and had 35 under construction. At the end of the year there were still 244 applicants for Council houses, 56 of whom were seeking old peoples' dwellings. Details are shown in Appendix D, Table 3.

D. Inspection and Supervision of Food

Milk There are 12 registered distributors and 5 dairy premises in the area. Sampling is carried out by the County Council staff.

Ice Cream There are 74 premises registered for the sale of pre-packed ice cream. No ice cream sampling was carried out during 1963.

Meat There are five registered private slaughter houses and one knackers yard. Details of the inspections carried out are shown in Appendix D, Table 4. This represents one hundred percent inspection. One slaughter house was improved during the year and now all are of a satisfactory standard. Charges for inspection are made.

Food Premises 81 premises are registered under the Food and Drugs Act. Complaints are immediately investigated on receipt but the amount of routine inspection of food premises has had to be curtailed due to the pressure of other work.

In addition to the above, the Public Health Inspectors have dealt with drainage problems, the issue of licences under the Petroleum Regulations, the Pet Animals Act, the Explosives Act and the Slaughter of Animals Act and the Factories Acts. Complaints of nuisance were fairly numerous and had to receive immediate attention. From the above it is obvious that a very large volume of work is undertaken by the department during the year, and less urgent routine work is often postponed due to lack of time.

APPENDIX A TABLE 1

| | | |
|---|-------|---------------|
| Registrar General's estimate of population mid 1963 | ..... | 13,340 |
| No. of inhabited houses at the end of 1963 according to the Rate Book | ..... | 4,514 |
| Rateable Value | ..... | £315,404 |
| Sum represented by a penny rate | ..... | £1,192.4s.5d. |
| Area | ..... | 57,122 acres |

APPENDIX A TABLE 2

BIRTH RATE 18.02

Comparability Factor 1.14

| | | M | F |
|---------------------------------|--------------|-----|-----|
| Live Births | Total | 104 | 107 |
| | Legitimate | 95 | 103 |
| | Illegitimate | 9 | 4 |
| Still Births | Total | 2 | 4 |
| | Legitimate | 2 | 4 |
| | Illegitimate | - | - |
| Deaths of Infants under 1 year | Total | - | 1 |
| | Legitimate | - | 1 |
| | Illegitimate | - | - |
| Deaths of Infants under 4 weeks | Total | - | 1 |
| | Legitimate | - | 1 |
| | Illegitimate | - | - |
| Deaths of Infants under 1 week | Total | - | 1 |
| | Legitimate | - | 1 |
| | Illegitimate | - | - |

APPENDIX A TABLE 3

DEATH RATE 10.15

Comparability Factor 0.88

| Causes of Death | Sex | Total All Ages | Under 4 wks. | Under 1 yr. | 1-5 | 5-15 | 15-25 | 25-35 | 35-45 | 45-55 | 55-65 | 65-75 | 75+ |
|-------------------------|-----|-------------------|-----------------|----------------|-----|------|-------|-------|-------|-------|-------|-------|-----|
| Heart:Coronary | M | 19 | - | - | - | - | - | 1 | - | - | 4 | 5 | 9 |
| Disease,angina | F | 12 | - | - | - | - | - | - | - | - | - | 2 | 10 |
| Other Heart | M | 10 | - | - | - | - | - | - | - | 1 | - | 2 | 7 |
| Disease | F | 17 | - | - | - | - | - | - | - | - | 1 | 2 | 14 |
| Circulation | | | | | | | | | | | | | |
| Vascular lesions | M | 12 | - | - | - | - | - | - | - | 2 | 1 | 4 | 5 |
| of nervous system | F | 13 | - | - | - | - | - | - | - | - | - | 2 | 11 |
| Other circulatory | M | 2 | - | - | - | - | - | - | - | - | 1 | - | 1 |
| disease | F | 4 | - | - | - | - | - | - | - | - | - | 2 | 2 |
| Cancer of: | | | | | | | | | | | | | |
| Stomach | M | 2 | - | - | - | - | - | - | - | - | - | - | 2 |
| | F | 1 | - | - | - | - | - | - | - | - | - | - | 1 |
| Lung | M | 6 | - | - | - | - | - | - | - | - | 1 | 4 | 1 |
| | F | - | - | - | - | - | - | - | - | - | - | - | - |
| Breast | F | 3 | - | - | - | - | - | - | - | - | 1 | - | 2 |
| Uterus | F | 1 | - | - | - | - | - | - | - | - | - | 1 | - |
| Other sites | M | 5 | - | - | - | - | - | - | - | 1 | 1 | - | 3 |
| | F | 14 | - | - | - | - | - | - | - | 1 | 6 | 3 | 4 |
| Lung:Tuberculosis | M | 1 | - | - | - | - | - | - | - | - | 1 | - | - |
| | F | - | - | - | - | - | - | - | - | - | - | - | - |
| Influenza | M | 1 | - | - | - | - | - | - | - | - | - | 1 | - |
| | F | - | - | - | - | - | - | - | - | - | - | - | - |
| Pneumonia | M | 1 | - | - | - | - | - | - | - | - | - | 1 | - |
| | F | 6 | - | - | - | - | - | - | - | - | - | 2 | 4 |
| Bronchitis | M | 2 | - | - | - | - | - | - | - | - | - | 1 | 1 |
| | F | - | - | - | - | - | - | - | - | - | - | - | - |
| Other diseases | M | 1 | - | - | - | - | - | - | - | - | 1 | - | - |
| of respiratory system | F | - | - | - | - | - | - | - | - | - | - | - | - |
| Diabetes | M | - | - | - | - | - | - | - | - | - | - | - | - |
| | F | 1 | - | - | - | - | - | - | - | - | - | - | 1 |
| Ulcer of Stomach | M | 1 | - | - | - | - | - | - | - | - | 1 | - | - |
| and Duodenum | F | 1 | - | - | - | - | - | - | - | - | - | 1 | - |
| Nephritis and | M | - | - | - | - | - | - | - | - | - | - | - | - |
| Nephrosis | F | 1 | - | - | - | - | - | - | - | - | - | 1 | - |
| Hyperplasia of | M | 1 | - | - | - | - | - | - | - | - | - | - | 1 |
| Prostate | | | | | | | | | | | | | |
| Other defined and ill-M | | 9 | - | - | - | - | - | - | - | - | - | 2 | 7 |
| defined diseases | F | 7 | 1 | - | - | - | - | - | - | - | 1 | 1 | 4 |
| TOTAL ALL CAUSES | M | 73 | - | - | - | - | - | 1 | - | 4 | 11 | 20 | 37 |
| | F | 81 | 1 | - | - | - | - | - | - | 1 | 9 | 17 | 53 |

APPENDIX B TABLE 1.

Statistics for the twelve months
ended 31st December, 1963.

No. of Children on Register

| | | | | | | | |
|-----|----------------|------|------|------|------|------|----|
| (a) | Born 1963 | .... | .... | .... | .... | .... | 17 |
| (b) | Born 1962 | .... | .... | .... | .... | .... | 20 |
| (c) | Born 1958 - 61 | .... | .... | .... | .... | .... | 46 |

No. of attendances

| | | | | | |
|-----|------------------------------|------|------|------|-----|
| (a) | Children under 1 year of age | .... | .... | .... | 154 |
| (b) | Children aged 1 - 2 years | .... | .... | .... | 98 |
| (c) | Children aged 2 - 5 years | .... | .... | .... | 252 |

APPENDIX B TABLE

DIPHTHERIA IMMUNISATION

No. of children who completed a full course of primary immunisation in the year ended 31st December, 1963.

| | | | | | | | | |
|-----------------------------|------|------|------|------|------|---------|---------|-------|
| Children born in the years: | 1963 | 1962 | 1961 | 1960 | 1959 | 1954-58 | 1949-53 | Total |
| | 63 | 93 | 12 | 1 | 1 | 3 | - | 173 |

No. of children who received a reinforcing injection in the year ended 31st December, 1963.

| | | | | | | | | |
|-----------------------------|------|------|------|------|------|---------|---------|-------|
| Children born in the years: | 1963 | 1962 | 1961 | 1960 | 1959 | 1954-58 | 1949-53 | Total |
| | - | 12 | 21 | 5 | 4 | 98 | 20 | 160 |

WHOOPING COUGH IMMUNISATION.

No. of children who completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) in the year ended 31st Dec. 1963.

| | | | | | | | | |
|-----------------------------|------|------|------|------|------|---------|---------|-------|
| Children born in the years: | 1963 | 1962 | 1961 | 1960 | 1959 | 1954-58 | 1949-53 | Total |
| | 63 | 90 | 12 | 1 | 1 | - | - | 167 |

TETANUS IMMUNISATION

No. of children who completed a full course of primary immunisation in the year ended 31st December, 1963.

| | | | | | | | | |
|-----------------------------|------|------|------|------|------|---------|---------|-------|
| Children born in the years: | 1963 | 1962 | 1961 | 1960 | 1959 | 1954-58 | 1949-53 | Total |
| | 63 | 93 | 12 | 1 | 1 | 4 | - | 174 |

No. of children who received a reinforcing injection in the year ended 31st December, 1963.

| | | | | | | | | |
|-----------------------------|------|------|------|------|------|---------|---------|-------|
| Children born in the years: | 1963 | 1962 | 1961 | 1960 | 1959 | 1954-58 | 1949-53 | Total |
| | - | 12 | 21 | 5 | 4 | 96 | 20 | 158 |

POLIOMYELITIS VACCINATION

No. of persons who received a course of primary vaccination (two injections of Salk vaccine, three injections of quadruple vaccine or three doses of Oral vaccine) during the year 1963

| Children born 1963 | | Children born 1962 | | Children born 1943-61 | | Young persons born 1933-42 | | Persons under 40 yrs. of age and Priority Groups | |
|--------------------|------|--------------------|------|-----------------------|------|----------------------------|------|--|------|
| Salk | Oral | Salk | Oral | Salk | Oral | Salk | Oral | Salk | Oral |
| 14 | 35 | 9 | 87 | 1 | 29 | 6 | 11 | 5 | 9 |

Reinforcements 1963

| No. of persons (all groups) who received a third Salk injection or fourth injection of quadruple vaccine | No. of children of 5 yrs. but under 12 yrs. who received a fourth Salk injection or fifth injection of quadruple vaccine | No. of persons (all groups) who received a reinforcing dose of Oral vaccine following two Salk injections | No. of children of 5 yrs. but under 12 yrs. who rec'd a dose of Oral vaccine after 3 Salk injections, or 3 Oral doses, or 2 Salk injections plus 2 Oral doses. 100. |
|--|--|---|---|
| 4 | 6 | 38 | |

SMALLPOX VACCINATION

| Age Groups | 0-3 | 4-6 | 7-9 | 10-12 | 1 year | 2-4 | 5-14 | 15 or over |
|------------|--------|--------|--------|--------|--------|-------|-------|------------|
| | months | months | months | months | | years | years | |

| | | | | | | | | | | | | |
|----|---|----|---|---|---|---|---|---|---|---|----|---|
| P | P | P | P | P | P | R | P | R | P | R | P | R |
| 11 | 8 | 12 | 6 | 8 | - | 1 | 1 | 1 | 6 | 5 | 17 | |

P = Primary Vaccination

R = Re-vaccination

APPENDIX B TABLE 3

| <u>Name of School</u> | <u>No. on Roll.</u> | <u>No. in- spected</u> | <u>Date of medical inspection</u> | <u>Children having milk</u> | <u>Children having dinner</u> | <u>Diphtheria immuni- sation</u> | <u>Date of last dental inspection</u> |
|---------------------------------------|---------------------|------------------------|-----------------------------------|-----------------------------|-------------------------------|----------------------------------|---------------------------------------|
| Barrington | 49 | 20 | 23.10.63 | 100% | 87.75% | 6 | 12.11.60 |
| Curry Mallet | 36 | 13 | 25.9.63 | 97.22% | 100% | 5 | 11.8.55 |
| Fivehead | 40 | 22 | 2.10.63 | 82.5% | 90% | 3 | 5.5.59 |
| Hambridge | 28 | 13 | 1.10.63 | 100% | 96.43% | 4 | 25.9.63 |
| Huish Episcopi Secondary Modern | 425 | 165 | 12/14/17. 6.63 | 75.88% | 75.29% | - | June '62 |
| Kingsbury Episcopi | 91 | 72 | 9.10.63 | 85.71% | 78.02% | 15 | 7.12.62 |

APPENDIX C TABLE 1

Infectious and Other Notifiable Diseases

| | |
|--------------------|-----|
| Pneumonia | 27 |
| Erysipelas..... | 1 |
| Scarlet Fever..... | 7 |
| Measles..... | 381 |

Analysis of Cases Notified

| | Under 1 yr. | 1-2 | 2-3 | 3-4 | 4-5 | 5-10 | 10-15 | 15-20 | 20-35 | 35-45 |
|---------------|----------------|-----|-----|-----|-----|------|-------|-------|-------|-------|
| Pneumonia | | | | | | | | | 1 | 1 |
| Erysipelas | | | | | | | | | | |
| Scarlet Fever | 1 | 2 | 1 | | | 3 | | | | |
| Measles | 8 | 20 | 32 | 41 | 39 | 208 | 30 | 1 | 2 | |

| | 45-65 | 65+ | Age Unknown |
|------------|-------|-----|-------------|
| Pneumonia | 11 | 12 | 2 |
| Erysipelas | 1 | | |

Tuberculosis

| Age Group | New Cases | | | | Deaths | | | |
|-----------|-------------|---|-----------------|---|-------------|---|-----------------|---|
| | Respiratory | | non-Respiratory | | Respiratory | | Non-Respiratory | |
| | M | F | M | F | M | F | M | F |
| -1 | | | | | | | | |
| 1 - 5 | | | | | | | | |
| 5 - 15 | | | | | | | | |
| 15 - 25 | | 1 | | | | | | |
| 25 - 35 | | | | | | | | |
| 35 - 45 | | | | | | | | |
| 45 - 55 | | 1 | | | | | | |
| 55 - 65 | | | | | | | | |
| 65+ | | | | | | | | |
| Total | - | 2 | - | - | - | - | - | - |

APPENDIX D TABLE 1

Water Supplies

Piped Supplies - results of samples taken for analysis

| <u>Raw Water</u> | | | | <u>Treated after going into supply</u> | | | |
|------------------------|---------------------|-------------------|---------------------|--|---------------------|-------------------|---------------------|
| <u>Bacteriological</u> | | <u>Chemical</u> | | <u>Bacteriological</u> | | <u>Chemical</u> | |
| Satis- factory | Unsatis- factory | Satis- factory | Unsatis- factory | Satis- factory | Unsatis- factory | Satis- factory | Unsatis- factory |
| 2 | - | - | - | 49 | 1 | 4 | - |

Water supplied from wells:

No. of samples taken for examination

| <u>Satisfactory</u> | | <u>Unsatisfactory</u> | |
|---------------------|------------------------|-----------------------|------------------------|
| <u>Chemical</u> | <u>Bacteriological</u> | <u>Chemical</u> | <u>Bacteriological</u> |
| - | 1 | - | 6 |

No. of wells closed -

No. of houses relying on (a) well supplies 296

(b) spring supplies..... 1

APPENDIX D TABLE 2

Factories Acts, 1937 - 1959

| | <u>No. on Register</u> | <u>No. of Inspections</u> | <u>No. of written notices</u> | <u>No. of occupiers prosecuted</u> |
|---|----------------------------|-------------------------------|---------------------------------------|--|
| (i) Factories in which Section 1,2,3,4, and 6, enforced by Local Authority | 1 | 14 | - | - |
| (ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority | 53 | 24 | - | - |
| (iii) Other premises in which Section 7 is enforced by the Local Authority excluding outworkers' premises | 4 | 4 | - | - |
| Total | 58 | 42 | - | - |

Cases in which defects were found3

Cases in which defects found were remedied3

OUTWORKERS

No. of Outworkers in August list required by Section 110....177

APPENDIX D TABLE 3

Housing

Action Taken During Year

| | | | |
|------|--|-------|-----|
| (1) | No. of houses included in Clearance Areas for which orders are still to be made | ..... | - |
| (2) | No. of houses in Clearance Areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957 | ..... | - |
| (3) | No. of houses closed or demolished under Section 42 of the Housing Act, 1957 (Clearance Areas) | ..... | 8 |
| (4) | No. of houses demolished or closed (a) under Section 17 of the Housing Act, 1957 (individual unfits) | ..... | 10 |
| | (b) for other purposes (road improvements etc.) | ..... | - |
| (5) | No. of temporary dwellings (huts, etc.,) demolished | ..... | - |
| (6) | No. of houses declared unfit under Section 9 of the Housing Act, 1957 (capable of repair) | ..... | - |
| (7) | No. of houses made fit during year. | ..... | 57 |
| (8) | No. of unfit houses occupied under licence | ..... | - |
| (9) | Houses in multiple occupation (housing Act, 1961) Action taken | ..... | - |
| (10) | Reconditioning of Condemned Houses - Exclusion from Clearance/Demolition Orders (Housing Act, 1961) Action taken | ..... | 5 |
| (11) | Substitution of Closing Order for Demolition Order Housing Act, 1961. Action taken | ..... | - |
| (12) | Rent Act, 1957 (1st Schedule) Certificates of Disrepair | ..... |  |
| | (a) No. of applications received | ..... | Nil |
| | (b) No. of certificates issued | ..... | Nil |

| | Houses erected during year | | Houses in course of erection | | Gained from Conversion of large houses or buildings into flats or dwellings | Lost from conversion of 2 or more houses to one. |
|--------------------|----------------------------|--------------------|------------------------------|---------------------|---|--|
| | For Slum Clearance | For other purposes | For Slum Clearance. | For other purposes. | | |
| Local Authority | - | 22 | - | 35 | - | - |
| Private Enterprise | - | 54 | - | 53 | 2 | -- |

Number of Post-War houses erected from
1st April, 1945 to 31st December, 1963

By Local Authority

By Private Enterprise

Housing
Programme 1964

Housing (Contd.)

| | |
|---|--------------------------------|
| (a) No. of temporary housing units occupied - | (i) Prefabs..... |
| | (ii)Huts, etc.... ⁴ |
| (b) No. of houses found overcrowded | ..... |
| <u>Houses required</u> | |
| (i, To replace houses scheduled for demolition |150 |
| (ii) To abate overcrowding | ..... |
| (iii) For other purposes | ..... |
| (iv) Applications for Council houses at end of year | - |
| (a) Urgent bona fide cases | ..... |
| (b) Applications for Old People's Dwellings |56 |
| (c) Others |188 |
| Total applications |244 |
| (v) Total number of Council houses sold during the year |5 |

| No. of permanent dwellings in District as at 31.12.62 (a) | | Gained from conversions and erected during 1936 (b) | Total (a) + (b) | Less houses demolished, closed etc. during year | No. of permanent dwellings in District as at 31.12.63 | |
|---|------|---|-----------------|---|---|------|
| | | | | | L.A. | P.E. |
| L.A. | 922 | 22 | 944 | 5*(sold) | 938 | - |
| P.E. | 3570 | 56 + 5* | 3637 | 16 | - | 3621 |
| Totals | 4492 | 83 | 4581 | 21 | 939 | 3621 |

OLD PEOPLE'S DWELLINGS

| Number erected to 31.12.63 | | Number in course of erection | |
|----------------------------|----------------------------|------------------------------|----------------------------|
| With County Council Aid | Without County Council Aid | With County Council Aid | Without County Council Aid |
| 51 | - | 20 | - |

IMPROVEMENT GRANTS

A. Discretionary

| | | | |
|---|------------------|--------------|------------------|
| Number of applications and houses dealt with by Local Authority during year | | | |
| (1) | | (2) | |
| Received | | Approved | |
| Applications | No. of Dwellings | Applications | No. of Dwellings |
| 12 | 12 | 10 | 10 |
| <u>NOTE</u> Number of applications approved in respect of owner/occupiers during year | | 5 | |
| Average cost per dwelling approved during year | | £1,125 | |
| Amount of grant payable by Local Authority | | £3,815 | |

Housing (Contd.)

B. Standard

| | |
|--|----|
| 1. Number of applications (a) received | 46 |
| (b) approved | 44 |
| Number of houses where Standard Amenities have been provided | 42 |
| <u>NOTE</u> Number of applications approved in respect of owner/occupiers during year | 29 |

Meat Inspection

Carcases and offal inspected and condemned in whole or in part
during year

| | Cattle excluding cows | Cows | Calves | Sheep and Lambs | Pigs | Horses |
|---|-----------------------------|-------|--------|-----------------------|-------|--------|
| Number killed(if known) | 700 | 1156 | 514 | 2741 | 8910 | - |
| Number inspected | 700 | 1156 | 514 | 2741 | 8910 | - |
| <u>All diseases except Tuberculosis and Cysticerci</u> | | | | | | |
| Whole carcasses condemned | 2 | 116 | 37 | 45 | 75 | - |
| Carcases of which some part or organ was con- demned | 67 | 548 | 6 | 117 | 966 | - |
| Percentage of the number inspected affected with disease other than tuberculosis and cysticerci | 9.8% | 57.4% | 8.3% | 5.9% | 11.6% | - |
| <u>Tuberculosis only</u> | | | | | | |
| Whole carcasses condemned | - | 1 | - | - | - | - |
| Carcases of which some part or organ was condemned | 1 | 41 | 1 | - | 174 | - |
| Percentage of the number inspected affected with tuberculosis | 0.14% | 3.6% | 0.19% | - | 0.19% | - |
| <u>Cysticercosis</u> | | | | | | |
| Carcases of which some part or organ was condemned | 4 | 6* | - | - | - | - |
| Carcases submitted to treatment by refrigeration | 4 | 5 | - | - | - | - |
| Generalised and totally condemned | - | - | - | - | - | - |
| Weight of meat condemned (in lbs.) for | | | | | | |
| (a) Tuberculosis | 6 | 2453 | 6 | - | 3140 | - |
| (b) Cysticercosis | 126 | 139 | - | - | - | - |
| (c) Other | 2916 | 78068 | 1928 | 2114 | 11841 | - |
| Total(in lbs.)condemn- ed. | 3048 | 80715 | 1934 | 2114 | 14981 | - |

* One of the above condemned with whole carcass-suffering from pyaemia